



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission
Office Use:
JUL 20 2016

Statement of Committee Organization

1. Statement Information

Date: 7/7/16

Type: ☐ New ☒ Amended (if amending, enter MEC ID C151182 & section changed 2,3, and 5)

2. Committee Information

Go Mo

Name of Committee

1736 E. Sunshine, Suite 600, Springfield, MO 65804

(816) 606-5324

Telephone Number

N/A but domiciled in Greene County

Official Committee Email Address

County Clerk or Board of Election Commissioners

Committee Type: ☒ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Marcus Leach

Treasurer's Name (First & Last)

1736 E. Sunshine, Suite 600, Springfield, MO 65804

Treasurer's Mailing Address, City, State, & Zip

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Treasurer's Home Telephone Number

(816) 606-5324
Treasurer's Work Telephone Number

N/A

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

N/A

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate

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Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)